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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/766,707-Conf. #3818 Application Number **POWER OF ATTORNEY** January 28, 2004 Filing Date OR First Named Inventor | Jared B. Floyd **REVOCATION OF POWER OF ATTORNEY** METHOD AND SYSTEM FOR WITH A NEW POWER OF ATTORNEY POSITIONING A MEDICAL DEVICE AT Title Art Unit 3737 AND P. S. Mehta CHANGE OF CORRESPONDENCE ADDRESS Examiner Name 65744/P016US/10316060 Attorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent 000029053 and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Registration Registration Number Practitioner(s) Name Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number. Firm or Individual Name Address Zip City State Telephone Email Country I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record alter Strion Amil 113/09 Date Signature Kathryn Surace-Smith (429) 951-1234 Telephone Name Title and Company Vice President, General Counsel & Secretary, SonoSite, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of

forms are submitted.